

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH DAKOTA
____ DIVISION

FILED

NOV 02 2009

[Signature]
CLERK

Anthony H. Pierce
Plaintiff,

CIV 09-4160

vs.

COMPLAINT

State of South Dakota, Meade County
Defendant.

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes () No (X)

B. If your answer to "A" is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket number _____

4. Name of Judge to whom case was assigned _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. PLACE OF PRESENT CONFINEMENT Mike Durfee State Prison, Springfield, S.D.

- A. Is there a prisoner grievance procedure in this institution? Yes (x) No ()
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (x)
- C. If your answer is yes,
1. What steps did you take? _____
2. What was the result? _____
- D. If your answer is no, explain why not Doesn't pertain to current facility
- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No (X)
- F. If your answer is yes,
1. What steps did you take? _____
2. What was the result? _____

III. PARTIES

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

- A. Name of Plaintiff Anthony H. Pierce
- Address Mike Durfee State Prison 1412 Wood St. Springfield, SD 57062

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.

- B. Name of Defendant State of South Dakota, Meade County who is employed as _____ at _____

C. Additional Defendants _____

IV. STATE OF CLAIM

~~State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet(s) if necessary.~~

Upon my arrest, May 27, 2008 thru April 7, 2009, Meade County Jail
refused to treat me for the disease, Multiple Sclerosis. My attorney
Rena Hymans and my doctors informed the jail administration of the
treatment needed and the damaging effects of refusing that treatments.

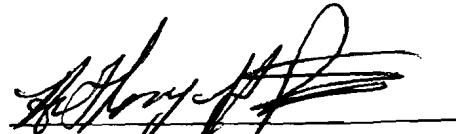
V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Pain and suffering, loss of wages, medical expenses, rapid disease
advancement-\$200,000,000.00

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Signed and executed this 30 day of October, 2009 Signed and executed this _____


Signature of Plaintiff

(9/96)